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PERIODIC REPORT ON EVALUATION

Report of the Executive Director

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I. INTRODUCTION

1. This report has been prepared for the information of the Executive Board in response to Governing Council decisions 82/20 and 90/35A, which requested the Executive Director to make biennial reports on evaluation to the Council. In response to the discussion in the Executive Board at its annual session 1998 on the last such periodic report, this report provides information on the findings, lessons learned and the use of the results of various types of evaluations of UNFPA-supported programmes and on initiatives to improve monitoring and evaluation practices in UNFPA.

2. A total of 316 projects in 103 countries were evaluated during the period 1998-1999. On average, 46 per cent of all operationally completed projects were evaluated. In addition to formal evaluations, all components of UNFPA-funded country programmes are subject to internal reviews as part of the country programme mid-term review process. The findings of mid-term reviews conducted in 1999 are summarized in the report on "UNFPA Internal Audit and Oversight Activities" (document DP/FPA/2000/13) being presented to this session of the Executive Board. The new policies and procedures introduced in late 1997 required that all UNFPA-assisted country programmes be evaluated at the end of the programme cycle. Of the 29 country programmes that ended during the period 1998 and 1999, nine were evaluated, all of them in the Asia and Pacific region -- Islamic Republic of Iran, Pakistan, Philippines and the KATTUK countries (Kyrgyzstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kazakhstan). UNFPA is currently analysing the root causes of the relatively low compliance rate of country programmes evaluations and will recommend measures to address them. Unlike country programmes, end-of-cycle evaluations of intercountry programmes are not required. Nevertheless, a fair number of intercountry projects were assessed, and these are discussed in section IV of this report.

3. It should be stressed that the evaluations covered in this report assessed projects and programmes that started in the mid-1990s (around 1993/1994) and therefore were characterized by a pre-ICPD approach to population programming. This is reflected in the analysis of findings and the lessons learned that are detailed below. Results of these project and programme evaluations have been essential in adjusting ongoing country programmes to the post-ICPD programme focus. As UNFPA further develops and implements its multi-year funding framework, the findings and lessons learned from project and programme evaluations will become an integral part of the results-based management approach. The Fund's evaluations also provide important information to improve the quality of Country Population Assessments (CPAs); to aid in the design of new country programmes, subprogrammes and projects and intercountry programmes; and to identify new areas for UNFPA support. Findings are widely shared with donors and with regional and national partners. The following sections highlight the

findings, lessons learned and programme applications of evaluation activities at country, intercountry and thematic levels.

II. COUNTRY-LEVEL EVALUATIONS

4. Country-level evaluations are organized and managed by UNFPA country offices and are undertaken by independent consultants, mostly nationals. The UNFPA Country Technical Services Teams (CSTs) are also called to undertake major evaluations, particularly country programme evaluations.

Population and development strategies

5. Evaluations of activities in the area of population and development strategies in Africa found that UNFPA had successfully supported the formulation and adoption of population policies in a number of countries. One strategy that has proven to be particularly efficacious has been to forge links with religious groups. In Niger, for example, collaboration with traditional religious leaders, was found to be effective in changing the attitudes of the population in general and decision makers in particular regarding population and development issues. In the case of Niger, such collaboration prepared the ground for implementation of the national population policy throughout the country.

6. The organizational structures established to promote implementation of population policies in several African countries (Population Policy Units) have played a key role in raising awareness about population issues and in the development of human resource capacity to analyse population and development interrelations. However, government commitment to provide the Population Policy Units with sufficient authority, visibility and staff to undertake the work of promoting policy implementation and coordination seemed to be limited in many countries. A fundamental problem is that the Population Policy Units are often not given enough visibility to coordinate government development policy.

7. In the area of population data collection, an evaluation in Madagascar highlighted the need to encompass all steps of data collection exercises in project design, from collection through data processing, analysis and dissemination. The importance of presenting results in user-friendly publications was emphasized for this and other countries.

8. Evaluations found that in some countries UNFPA is effectively adjusting to the prevailing trend of decentralizing policy and programme implementation to lower levels of the administrative and political systems. For instance, in Brazil, three UNFPA-supported projects contributed to the integration of demographic variables into socio-economic development planning at the state and municipal levels and assisted in establishing appropriate methodologies

for population estimates and projections as well as for continuously updating them. In the Philippines, a wealth of data and research-based information, useful for planning and policy, has been generated. For example, population projections, based on the results of the 1995 census, were completed at the national and regional levels while projections for the provincial and municipal levels are being finalized. Demographic and socio-economic profiles of some of the 20 priority provinces have been completed and others are being finalized. These constitute extremely valuable databases for government planning at the national, regional and local levels.

9. Evaluations, particularly in Africa, emphasized the need to establish provincial-level indicators and data systems to monitor decentralized population programmes. The Philippines is a good example of the type of constraints that are likely to arise in a highly decentralized environment. These include the variety of population issues affecting different local government units; variations in planning capacity, skills and interest; lack of local databases; and the lack of institutions at the local government unit level that are responsible for building capacity in integrating population into development planning.

Reproductive health

10. Reproductive health for young people. Evaluations reflected the increased emphasis of UNFPA-assisted programmes on adolescent reproductive health services and information. These were often provided through youth centres and peer counseling, such as in Botswana, Madagascar, Mauritius, Namibia, Nigeria, Senegal, Uganda and Zimbabwe, and through population education in and out of schools in, among others, Bolivia, Botswana, Guatemala, the Islamic Republic of Iran, Malawi, Mali, Namibia, Paraguay, Panama and Sri Lanka. Common achievements found in the evaluations were that awareness of reproductive health, sexuality, gender issues, family planning, sexually transmitted infections (STIs) and HIV/AIDS had increased; enthusiasm and expectations, among youth, parents and teachers to learn more had been raised; and discussion of culturally sensitive issues had been facilitated. Among young people, there had been noticeable changes towards more responsible behaviour in countries such as in Madagascar, or in knowledge and attitudes, such as in Guatemala, the Islamic Republic of Iran and Paraguay.

11. Evaluations of reproductive health projects for young people found that innovative, multidimensional strategies that included the involvement of youth associations and non-governmental organizations (NGOs) in project formulation and implementation and that promoted activities with opinion leaders, parents and relevant government ministries are essential for the sustainability and institutionalization of such activities. For instance, an evaluation of a project in Botswana to expand the innovative programme of "Peer Approach in Counseling to Teens" (PACT) found that because project activities were not decentralized to stakeholders, expansion of project activities and sustainability were compromised. Evaluation of the effectiveness of youth counseling centres in Senegal highlighted the need to collaborate with

the Ministry of Health in order to ensure the flow of essential drugs and contraceptives to youth centres. In Mauritius and Zimbabwe, it was found that youth centres should be open longer hours and should be located in places more easily accessible to youth. The need to include income-generating and skills training activities and to focus on out-of-school youth was also highlighted.

12. An evaluation of a population education project in Guatemala highlighted certain general lessons. Any project that addresses socially controversial themes (such as sex education, gender and human rights) must engage in a process of political dialogue, not only with the Government but with all sectors involved in social development, particularly decision makers at local levels.

13. Reproductive health services. Project evaluations indicate that UNFPA has continuously promoted the shift from an approach based on maternal and child health and family planning (MCH/FP) to one based on the concept of "reproductive health". Governments throughout the world are increasingly accepting the reproductive health paradigm. For instance, a UNFPA project in Guatemala prompted stronger government efforts at reaching a consensus on reproductive health and gender and promoting a technical discussion on reproductive health. However, as found by an assessment of the quality of reproductive health and family planning services in the KATTUK countries, in many places there is a need to increase government and other stakeholders' understanding of the reproductive health concept, particularly at decentralized levels.

14. Evaluations of UNFPA support to strengthen reproductive health service delivery and management found that the support had increased access to quality reproductive health services, improved contraceptive choice, and had promoted models for further replication. For example, four projects in Myanmar, with very limited project and government resources, resulted in a significant expansion of birth-spacing services. This is a major achievement given that practically no such public-sector services were available before 1991. The project also expanded the range of contraceptives available. An evaluation of training methodologies for transforming health services developed and tested in two provinces of South Africa with UNFPA support found that, because of their success, the methodologies are being used by the Government in other provinces as well.

15. Evaluation of a project that provided reproductive health services to Somali refugees in eastern Ethiopia found that it had led to an increased demand for reproductive health services, lower infant and maternal morbidity and mortality, and a remarkable decline in the practice of female genital mutilation (FGM) in the refugee camps. Contributing factors were the improvement of the quality of care provided by trained health workers, regular supervision, and community mobilization. A very active Project Coordination and Technical Committee contributed immensely to backstopping and monitoring project activities.

16. The evaluations of the KATTUK country programmes found a 32 per cent increase in the prevalence rates of pills and intra-uterine devices (IUDs) in Kazakhstan. A concurrent reduction in the abortion rate by 15 per cent over a five-year period was directly linked to the UNFPA-funded supply of contraceptives. Similar declines in the number of abortions in 1995 in Kyrgyzstan also appeared to be linked to the UNFPA-funded supply of contraceptives.

17. Project evaluations of the reproductive health subprogramme for the Pacific subregion highlighted a number of lessons learned. It was found that achievement of high contraceptive prevalence rates in certain countries was a result of the following factors: government support of reproductive health as a priority health programme; effective information, education and communication (IEC) and outreach services, including community-based distribution of contraceptives; active male involvement; minimal cultural, religious and medical barriers for the promotion of family planning; complementarity among government programmes and the activities of NGOs and the private sector; promotion of user-friendly services, particularly for youth and adolescents; appropriately trained staff and effective referral systems; and higher female education and literacy levels.

18. Evaluations in Equatorial Guinea and Madagascar highlighted the importance of adopting a multisectoral approach of combining reproductive health interventions with initiatives to eradicate poverty and to promote the status of women and community development in order to increase the use of reproductive health services and the contraceptive prevalence rate. The importance of linking IEC activities directly with the provision of reproductive health services was emphasized.

19. Evaluations of condom dispensers funded by UNFPA in Kenya found them very useful to the target communities -- if regularly refilled. Sensitization activities by project staff were key to improved attitudes towards and use of condoms by target groups (males, youth, and commercial sex workers and their clients). It was found that some target groups believed that the socially marketed "Trust" condoms were of better quality than the free condoms supplied by the Ministry of Health. The evaluation also found certain project management flaws in the Ministry of Health project that will be addressed in the future. These included poor record keeping and failure to follow the established procedures for distribution; irregular replenishment of dispensers; and minimal collaboration with other similar projects. The current stand-alone condom distribution project will be incorporated into integrated reproductive health projects to be implemented in eight districts and will be made part of the overall Ministry of Health commodities distribution system. Also, in the context of the health reform process, the Ministry of Health is considering charging a small fee for condoms to combat the notion that free condoms are of poor quality and to ensure continued supplies without depending entirely on donor funding.

20. The importance of using NGOs and ensuring community and private sector involvement was highlighted in several evaluations. In the Philippines, several innovations introduced by Governments and NGOs seem especially promising. These include birthing centres, multisectoral inter-agency provincial councils and community-based services. The KATTUK evaluation found that since NGOs in Central Asia are a new phenomenon and many of them were created by governmental agencies in order to get additional funding, their sustainability is questionable. An evaluation of reproductive health services in Somalia found that the private sector was a major health service provider. However, private service providers lacked knowledge in the area of reproductive health; providing such training should therefore improve reproductive health service delivery.

21. Elements for successful capacity-building strategies were highlighted in a number of evaluations. The Client-Oriented, Provider-Efficient (COPE) service strategy that was used in a few reproductive health sites of a Madagascar NGO was found to be a good instrument that permitted constant improvement of services. Its use by other NGOs and the Government was therefore recommended. In Yemen, piloting of a decentralized strategy of training community medical workers in rural training centres and branches of the National Health Manpower Development Institutes proved to be easier, more relevant to the health workers and more cost-effective than centralized training. It was subsequently adopted by the Government as a national strategy. The project evaluation also found that training of health personnel needed to be based on the job-related training needs of various staff categories. It highlighted the importance of identifying selection criteria before nomination and of prioritizing the training of females from rural areas. The commitment of all trainees to return to their current jobs and of the Government to recruit trained staff and remunerate them adequately to keep them motivated to work in rural areas was emphasized. The KATTUK assessment found that trained service providers requested a greater variety of contraceptives. Arrangements to expand contraceptive choice need to be made in conjunction with training programmes; the two go hand in hand in improving quality of care.

22. Funding of reproductive health in emergency situations has been a small but growing component of both UNFPA's country and intercountry assistance. An external assessment undertaken in 1999 of UNFPA's field experience over one year with the Inter-Agency Reproductive Health Kits for Emergency Situations found that a proper analysis of the use of the kits was difficult due to a lack of consistent monitoring systems. Anecdotal information from the field, such as Guinea-Bissau, however, indicated that the kits were found to be very useful. The assessment found a need to improve logistics in order to expedite shipment to emergency situations and to adjust the contents of the kit to the specific needs of intended users.

23. An evaluation of reproductive health services for Somali refugees in Ethiopia found that some of the constraints faced in delivering services included the high turnover of health staff

because of the remoteness of the project site and the poor conditions of service offered by the implementing agency; ineffective referral services for emergency obstetrics care due to long distances, bad road conditions, and inadequate communication links; and scarcity of Somali-speaking health workers in the refugee area.

24. Evaluations found a number of constraints that would hinder the sustainability of UNFPA-supported programmes in the area of reproductive health. For example, due to structural adjustment policies and the consequent zero growth personnel policy in Ghana, the staffing level at the Family Health Unit of the Ministry of Health was found to be inadequate. Evaluations in Morocco, Pakistan and Zimbabwe highlighted the need to position reproductive health in the context of health sector reform; to integrate the UNFPA-supported health and family planning programme into the overall health care system; and to take into consideration the strengths and weaknesses of the national health information system as a whole.

25. Evaluations in Comoros, Madagascar and Togo found that training of service providers is a lost investment if it is not reinforced by adequate supervisory systems. Evaluations of UNFPA's support to reproductive health in Yemen and the Philippines found that the programme activities were spread too thin geographically. In Yemen, it was found that the centralized management of activities was not effective in a large country with poor communications. The evaluation recommended that the programme concentrate on densely populated areas and, its management be decentralized to governorate level; and that governorate representatives be more involved in planning and implementing health services.

Information, communication and advocacy

26. Evaluations found that UNFPA support to family life and reproductive health education for agricultural extension workers achieved tangible results and were effective means of reaching men with family planning messages. For example, in Madagascar, an effective institutional framework and autonomous social mobilization structures and local credit committees had been established in six provinces. Progress was constrained however by the lack of experience and mobility of staff of the implementing Ministry of Population; the limited number of family life education themes, which adversely affected the enthusiasm of volunteers; and competing demands on volunteers. An evaluation of a similar project in Malawi found that time constraints on extension workers limited the extent to which they could address technical aspects of family planning and population subjects and that there was a lack of collaboration with reproductive health service staff.

27. An evaluation of a project in Indonesia found that project activities had created high levels of knowledge, commitment and confidence among government officials in selected provinces and districts. The sense of ownership of project activities had led to allocation of local government resources to continue population and reproductive health and IEC activities. The

Philippines country programme evaluation highlighted that advocacy efforts in selected provinces of the country had generated cooperation and commitment from some local government units, which was translated into increased financial and staff support for health programmes in some areas. Women and gender advocacy that concentrated on violence against women had contributed to the passage of a national anti-rape law.

28. A reproductive health project evaluation in Nicaragua found that by advocacy activities and alliances with church leaders it was possible to overcome strong but variable opposition to reproductive health from different parts of the community. Such alliances will be capitalized upon in planning further UNFPA assistance for the formulation of a national plan for sexual and reproductive health.

29. Both country and thematic evaluations highlighted that while important progress has been made in terms of awareness creation on reproductive health and population issues, programmes must move beyond awareness creation to creating behavioural change. Methodologies must be developed to measure the impact of sensitization activities. The Philippines country programme evaluation found that IEC activities were not coordinated with reproductive health service provision and that adolescents and men were neglected audiences. These findings are being addressed in the new programme.

30. Project evaluations in Nicaragua and Ghana found that, due to low education levels and literacy rates, theatre, puppetry, video and film were effective media to attract the attention of audiences and increase their understanding of the messages communicated. In Ghana, activities to combine education with entertainment included the use of soccer gatherings to reach rural youth. On the other hand, the KATTUK assessment found that in view of the high level of literacy in the KATTUK countries, IEC materials must be more technically advanced.

31. An evaluation of IEC activities in Mali found that the impact of IEC activities depended on the involvement of target communities at the planning and implementation stages. Their participation in the production of learning materials with a social content and the use of traditional communication channels was particularly important.

Gender

32. The few evaluations that looked specifically at the gender dimension of UNFPA's programmes indicate that this area needs concerted attention. A number of fundamental constraints were mentioned; these pertained mainly to the need for a clearer operational definition of gender issues in population and development and weak national capacity for mainstreaming gender concerns. The evaluation of a project in Malawi highlighted that radio programmes had raised the awareness of most Malawians on gender issues in relation to

population and reproductive health. Counterpart institutions increasingly recognized the need to disaggregate their reporting system data by gender. However, while a framework for mainstreaming gender in population and reproductive health programmes had been produced, a comprehensive gender-responsive monitoring and evaluation system was still to be developed. In Madagascar the importance of availability of data on the reproductive health of men was highlighted, and it was proposed that a questionnaire for men be included in the next demographic and health survey.

Management issues

33. The various evaluations undertaken in 1998 and 1999 highlighted that UNFPA support for capacity-building activities had often created a critical mass of local expertise and human resources, particularly in such areas as population and development strategies and reproductive health. However, as noted in the Philippines country programme evaluation, there is limited hard evidence on the extent of the impact of capacity-building activities because the expected effects on knowledge, skills and behaviour often were not clearly defined and were difficult to measure.

34. High staff rotation, heavy government bureaucracy and sometimes weak government commitment, as evidenced by the lack of provision of government counterpart contributions, were found to constitute major obstacles to long-term sustainability of programmes. Evaluations found that there was a need to promote a number of important management dimensions. These included community and other stakeholder participation in programme design and management to increase the sense of ownership and promote the likelihood of sustainability of activities beyond the life of the programme. Decentralization of government bureaucracies and the realization that programmes that are closer to the people are more likely to be effective and sustainable in the long term constituted an increasing challenge for UNFPA. In many countries in Latin America, decentralization of programme management to local levels can be an effective way to defuse or limit political resistance to such sensitive issues as human sexuality. This was, among others, demonstrated by the State Committees set up to prevent early pregnancy in Venezuela.

35. In an effort to analyse the executing capacities of national agencies, UNFPA in Madagascar organized an assessment of ten institutions (seven governmental and three NGO) that had executed UNFPA projects in the past. The evaluation analysed the institutions' overall management, technical and financial management capacities at central level and in three regions. The evaluation found that the majority of both government and NGO institutions at central level had adequate capacities in project planning, management of personnel and equipment, overall project management, monitoring and evaluation, and training. On the other hand, most institutions required technical assistance in financial management and administration, strategic planning in reproductive health and IEC (particularly how to move from awareness to

behavioural change), and establishment of a management information system. These findings were taken into account in the selection of executing modalities for the new UNFPA-funded country programme.

III. INTERCOUNTRY PROGRAMME EVALUATIONS

36. In 1998 and 1999, UNFPA evaluated a number of interregional and regional programmes in preparation for defining intercountry programme activities for the new programming cycle. These recommendations were taken into consideration in designing the intercountry programme for 2000-2003, which was presented to the Executive Board at the first regular session 2000.

Regional programmes

37. In Latin America and the Caribbean, a desk evaluation of the regional programme found that support to regional activities generated several programming models and methodologies for adolescent reproductive health, quality of care and service delivery, the gender dimension of reproductive health services and education for sexual and reproductive health. A module on gender violence legislation was developed and is being used by congressional leaders to mobilize countries in the region against domestic violence. Such activities contributed to the approval of a new law on domestic violence in Venezuela. Additionally, innovative research on little-known issues (e.g., incest and sexual abuse) and the establishment of alliances among women's and other NGOs created a solid advocacy network in Chile and Nicaragua that has helped to increase public awareness.

38. In Africa, an independent evaluation of an IEC training programme in anglophone Africa found that a total of 762 teacher trainers, school inspectors, trainers of health workers and journalists had been trained through this programme. Courses included population IEC audience research; message and materials development and packaging; strategy development and programme management; and interpersonal communication and counseling skills. The courses enabled participants to successfully implement UNFPA-funded IEC projects.

39. However, the evaluation also indicated that the regional training programme did not necessarily address the broader population IEC needs of the region's institutions because of the limited availability of and weaknesses in population IEC strategy in most countries. There is a need to further develop strategic plans for building IEC capacity at subregional and national levels. The evaluation recommended careful selection of institutions of higher learning as they often have an academic rather than skills-training orientation. There must be a mutual understanding between the training programme and partner institutions on the purpose and nature of the partnership given the strengths and weaknesses of the particular institution.

40. An initiative to strengthen performance monitoring and evaluation systems for measuring the progress of reproductive health and family planning programmes resulted in the identification of input, cost, demand, quality output and impact indicators for seven countries in the Asia and Pacific region. Master trainers and other personnel were trained in data collection, processing and analysis. However, the evaluation found that there was some duplication of efforts in establishing reproductive health and family planning indicators among the United Nations agencies in the region.

41. Since 1992, UNFPA has provided regional funds to the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP) to pilot methodologies for community-based reproductive health strategies in Bangladesh, Lao People's Democratic Republic, Nepal and the Philippines. An external evaluation found that notable progress has been achieved in meeting objectives and demonstrating successful applications of JOICFP's community-based approach to reproductive health that emphasizes quality of care. Good progress is also being made in consolidating and compiling the operational methodologies and model cases and in transferring technical know-how and management skills.

42. A major strength of the JOICFP community-centred model is that it adapts to the country context, is linked to national institutions, and taps into local networks and social groups to advance a low cost public health agenda. The approach was facilitated by the ongoing trend to decentralize health sector decision-making in the pilot countries. Key elements in achieving sustainability of programme activities include understanding by the community of the importance of sustainability and ownership. Also, sustainability measures need to be incorporated as a strategy from the beginning of the project.

43. The evaluation of JOICFP projects highlighted that further attention is needed to effectively utilize the community-based approach in the development and consolidation of government public health programmes. It also found that further efforts are needed to develop socioculturally appropriate approaches for male involvement in reproductive health and to tackle strongly rooted traditional beliefs that perpetuate harmful practices. Further emphasis should be placed on culturally appropriate IEC and advocacy to deepen the understanding of the concept of "reproductive health" and to generate local government and community resources. Additionally, it pointed out that JOICFP is now at a stage where it needs to pull together its concepts and operational methodologies, experiences and lessons learned, so that other interested parties may benefit from the successes achieved thus far.

44. In the Arab States and Europe region, an external evaluation of training activities implemented by the Arab Network for NGOs to strengthen the organizational and management capacities of NGOs in the Arab region highlighted the effectiveness of participatory training

methodologies. As a result of the training received, some participating NGOs had managed to attract funding for their programmes from various donors.

45. An external evaluation of the support to the Population Research Unit at the League of Arab States found that despite its comparative advantage as the only population research unit covering all member countries, its high credibility in the region and its access to multi-donor funding, the unit had not created sufficient national capacity to use population data in development policies and plans as expected. This was mainly due to staffing limitations and weaknesses in project design. In the early stages of programme implementation, key technical staff left the unit, reducing the overall staff size from nine to four members. This problem was compounded by weak technical support from the executing agency. Shortcomings were found in the selection of research topics, which did not address differing country needs; in dissemination of research products to high-level national decision makers; and in transfer of skills.

46. A final evaluation of UNFPA support to the Population Activities Unit of the United Nations Economic Commission for Europe found the assistance of great importance for research and policy decision-making in the area of migration, ageing, reproductive health and fertility regulation. As Europe is faced with intensified migratory flows, an ever-ageing population, and changes in traditional family structures, policy makers need solid data and research to inform population policies. UNFPA supported the establishment of databases and information sharing, research and publication activities, workshops and technical assistance, particularly to countries in transition. The evaluation found that the fertility and family data sets established in 23 countries through this support were extensively used both for policy relevant research and decision-making purposes.

Interregional programmes

47. Reproductive health. A desk review of interregional projects in the area of reproductive health found the performance of the Global Initiative on Contraceptive Requirements and Logistics Management Needs (now renamed the Global Initiative on Reproductive Health Commodity Management), supported by UNFPA since 1991, to be impressive. Through technical assistance provided by the headquarters and CST advisers, countries in all regions have benefited from in-depth studies and training workshops. The review recommended that the project's focus on contraceptive requirements should be broadened to include reproductive health commodities as a whole and that a broader array of reproductive health programme management issues should be addressed.

48. The review also recommended closure of a number of projects, such as support to development of guidelines on reproductive health technologies, which it recommended should become a core activity of the World Health Organization (WHO). The review highlighted that

The Population Council's contraceptive development programme will in the future contribute to increasing contraceptive options and prevent unwanted pregnancies through development of vaginal rings and contraceptive implant systems. The progress of product development should be closely monitored to ensure that the momentum is maintained.

49. Gender, population and development. Interregional projects in the field of gender, population and development, the majority of which relate to advocacy activities, were reviewed by an external consultant in 1998. The review emphasized that while UNFPA has taken important steps to raise consciousness of gender issues at all levels through advocacy and to define and integrate the gender dimension in UNFPA's programme process, projects should now move beyond meetings and strategy formulation to place more emphasis on definition of steps required for institutional reform to achieve gender equity and equality. In the area of gender equality, projects should also focus on men and address the social structures that exist due to male dominance.

50. Advocacy. Evaluations and user surveys of UNFPA's technical publications projects managed by the Technical and Policy Division found that the quality of the publications was uniformly high. It was recommended that to strengthen the range of publications UNFPA should undertake a publication review to identify information overload and gaps as well as "unmet needs" for information among target audiences. Full advantage should also be taken of new communication and information technologies.

51. Independent surveys and reviews of the programmes managed by the Information and External Relations Division found that UNFPA improved the flow of information to NGOs and helped them become more effective advocates for resource mobilization and for promoting the goals of the ICPD. The quality of information made available to the world media and the general public has improved year by year. Cooperation with private foundations has increased, resulting in new funding for specific ICPD initiatives.

52. The review highlighted that important worldwide changes will influence the future of UNFPA's advocacy programmes. The media are undergoing significant changes, with new forms of communication such as the Internet growing in importance. At the same time, the rising costs of printing and distribution of materials is forcing a reassessment of the form and content of publications. UNFPA must therefore take a long-term technological approach to communicating information. The form and content of contemporary media presentations have shortened the attention span of the viewing and reading public. It is important, therefore, to formulate simple and clear messages to better advocate for population issues, particularly in the industrialized world.

IV. THEMATIC EVALUATIONS

53. Thematic evaluations are organized by UNFPA headquarters and conducted by teams of independent international and national consultants. In order to assess follow-up to past thematic evaluations, information was collected from UNFPA country offices in countries where past thematic evaluations had been conducted as well as from appropriate headquarters divisions.

Follow-up of past thematic evaluation recommendations

54. Safe Motherhood. A thematic evaluation was conducted in 1997-1998 to assess the relevance, efficiency, effectiveness and impact of UNFPA-supported safe motherhood strategies. The analysis took place in the case study countries of Bangladesh, Guatemala, Morocco, Niger, Philippines, Senegal and the United Republic of Tanzania. Findings of the evaluation were incorporated in a UNFPA Programme Advisory Note on reducing maternal mortality and morbidity. It was found that the Governments involved in the evaluation had improved the management of safe motherhood activities and had placed added emphasis on providing emergency obstetrics care.

55. For example, in Senegal the Government established a national unit for reproductive health in order to integrate the different reproductive health components and better manage safe motherhood activities, established emergency obstetrics care teams at referral centres, and improved the technical skills of staff. In Niger, the referral system was strengthened by providing means of transportation and a supervision checklist to health staff. This included providing villages with ox-drawn carts for emergency transportation and providing integrated health centres with radio equipment and equipping certain surgical facilities at the health district level.

56. In Bangladesh, the Government improved on the already successful safe motherhood approach by expanding comprehensive emergency obstetrics care at district-level health centres and by improving training of doctors, anaesthetists, paramedics and nurses. A committee for emergency obstetrics care was established, a social mobilization strategy adopted, and materials on how to reduce maternal mortality and morbidity are being developed. The Government of Guatemala decided to concentrate project activities in geographical areas with high rates of maternal mortality and to integrate safe motherhood activities in the current strategy for expanding health coverage. This included use of maternal houses for high-risk women about to give birth. In Morocco, support was provided to implement the recommendation to establish mechanisms to enable managers of reproductive health programmes at the provincial level to develop their own programmes and plans of action. Nevertheless, the lack of integration between basic health services (health centres, delivery homes) and the higher level health

services (maternity hospitals) remains a serious constraint to lowering the prevalence of maternal mortality.

57. UNFPA support to HIV/AIDS–related interventions. A thematic evaluation on UNFPA support to HIV/AIDS-related interventions was conducted in 1997-1998 in the case study countries of Cote d'Ivoire, Dominican Republic, Indonesia, Kenya, Sudan, Thailand and Uganda. As a follow-up to the recommendations of this thematic evaluation, UNFPA has negotiated a substantial contribution from UNAIDS to fund three regional CST advisers in sexually transmitted diseases (STDs) and HIV/AIDS and three advisers in logistics management. In addition, the Swedish International Development Cooperation Agency (Sida) is providing funding for an adviser in STDs and HIV/AIDS. UNAIDS is also providing support for intercountry activities to document best practices and to develop programming tools and guidance notes in the areas of adolescent reproductive health, forecasting and supply methodologies for condoms, and integration of STDs and HIV/AIDS prevention and management into reproductive health programmes.

58. At country level, follow-up initiatives have focused on advocacy directed at decision makers, strategic planning, strengthened collaboration with UNAIDS and other partners, targeting of high risk groups such as young people, the management of STDs as a syndrome, and condom promotion. For example, in the Dominican Republic, UNFPA collaborated with UNAIDS and the Ministry for Women to organize workshops for all judges and public prosecutors in the country on the content and application of the AIDS law and the domestic violence law. A knowledge, attitudes and practices study was implemented in order to increase the knowledge of sexual risk behaviours among adolescents and to determine the factors that influence behavioural change. With UNFPA funding, adolescents participated in a weekly radio programme to talk about sexual and reproductive health issues, including the prevention of STDs and HIV/AIDS.

59. In Sudan, sensitization and advocacy strategies for political and religious leaders were developed. A strategic planning process was initiated in two states in order to increase the impact of HIV/AIDS prevention beyond the health sector. Health staff, community leaders and NGO representatives were trained and involved in situation analysis and formulating action plans. The national AIDS committee was reactivated, and AIDS committees in various states were established that incorporated sectors other than health. Thirty STD centres in 10 states have adopted the management of STDs as a syndrome. A drug revolving fund is planned to be established shortly to address the distribution system for STD drugs, rubber gloves and condoms. Major constraints to appropriate STD management are that condoms are still not culturally accepted and partner notification is not well implemented.

60. In Cote d'Ivoire, UNFPA increased its support to youth counseling centres that provide counseling on HIV/AIDS and reproductive health services. Condom sales points were

established at military barracks, and condoms were distributed during HIV/AIDS sensitization campaigns. In Uganda, the AIDS Commission developed a central database of HIV-related projects in the country. Increased attention is being paid to the needs of truck drivers, male workers at highway rest stops, youth and adolescents. IEC on sexually transmitted infections is provided to youth through a UNFPA-funded project. A counseling curriculum was introduced in medical schools. Social marketing of condoms through NGOs has been successfully continued, and contraceptive choice expanded through import of 2 million female condoms.

Decentralization

61. In 1999, the Fund conducted a multi-country study of the implications of increasing government decentralization on UNFPA programming. The purpose of the study was to illustrate current trends and share UNFPA's practical experiences in developing and implementing its programmes of assistance in a decentralized environment. An effort was made to examine issues that UNFPA country offices are now facing as a result of decentralized programming, recognizing that there is no single answer concerning how to decentralize the UNFPA programme and delivery structure.

62. The specific objectives of the study were to: (a) identify issues in UNFPA collaboration with governments at the subnational levels; and (b) make recommendations to improve UNFPA's response to the demands of decentralization while ensuring programme quality as well as accountability. The study focused on reproductive health programmes in those countries where UNFPA-funded programmes and projects were directly executed and/or implemented by subnational government units. Case studies assessed the relevance, rationale and impact of modalities deployed and identified the facilitating and constraining factors. The study comprised seven country cases – Bolivia, Ghana, India, Mexico, Nigeria, the Philippines and Viet Nam. In addition to the case studies, a questionnaire was sent to a number of countries that have had some experience with decentralization. Twenty countries responded, and their inputs were used to provide a broader base of knowledge on the impact of decentralization.

63. The study indicated that in response to the trend in government decentralization, the once simple formula of providing support to a central government agency has become far more complex as a myriad of organizational structures emerge. The study showed that decentralization can create several layers of bureaucracy in that the administrative arrangements at the central level may be replicated at every level. This inevitably delayed programme development and implementation, particularly when UNFPA country offices encountered obstacles in their efforts to negotiate directly with subnational entities. The study also cautioned that UNFPA support can become very diluted, possibly minimizing its impact. This makes it all the more imperative, therefore, that the Fund determine where to strategically focus its programmes and at what level.

64. Generally, UNFPA country offices have endeavoured to ensure that their local partners have ownership of their programmes. As a result, UNFPA has had to devote significant efforts to ensuring community participation both in programme design and implementation. However, experience shows that the autonomy of the different levels can make programme formulation and implementation more difficult. One of the issues raised in nearly all the countries included in the case studies is the frequent turnover of government officials, particularly at different geographic levels. This has not only increased the requirements for advocacy, but has also made compliance with UNFPA procedures much more problematic. Although UNFPA guidelines are generally considered suitable, some country offices have found the need to develop simplified instruction manuals or guides on specific aspects of programme and project management and administration. In addition, country offices have frequently had to provide ad hoc training for local officials unfamiliar with UNFPA procedures. Country office experience has also demonstrated that decentralization generates a need for extensive data gathering at the local level. Most of the countries in the case studies reported problems with collecting such baseline data at the local level.

65. One of the most difficult issues that UNFPA country offices face under decentralization has been ensuring the smooth and efficient flow of funds to the subnational level where the programme is being implemented. In the majority of the countries studied, UNFPA has established mechanisms to facilitate the flow of funds directly to projects. This approach appears to provide better results but is somewhat hindered by the management capacity available at the subprogramme or project level. In addition, concerns regarding the financial accountability of partners at the subnational level have prompted country offices to invoke more intensive financial control measures in some countries. At the same time, the study pointed out that there are aspects of UNFPA procedural requirements that promote an administrative, control-oriented culture that are at odds with the spirit of decentralization and with emerging donor trends of performance-based management. Another challenge faced by country offices with decentralized programmes is the assurance of adequate technical backstopping. Also, country offices have had to adopt a number of modalities to track performance in an effort to make up for the great distances and poor information and communications systems available.

66. Decentralization has had implications for the workload placed on the country offices as well as a shift in their role and structure. Workload has increased at all stages of the programme cycle because of the increased number of counterparts and partners, often complicated by the uncertainties in the capacity at subnational levels. Additional workload also derives from the need to maintain a knowledge base of the evolving situation in the country. There is, moreover, a need to negotiate with multiple levels of government and to ensure that good relations are maintained with all concerned. Additional time and resources are required as the introduction of the new approach to UNFPA programming, which includes the use of programming instruments such as the logical framework (logframe) and the specification of expected results and the

required indicators. Country offices often provide technical support and additional financial and programme monitoring because they have found that lower levels of government lack the technical and managerial capacity to meet these requirements. Due to the workload and geographic difficulties in monitoring decentralized programmes, some country offices have opted for a "satellite structure", successfully using the National Professional Project Personnel mechanism to help monitor and provide technical support. In others, country offices have supported the creation of a programme management team or relied on government entities and local institutions with varying degrees of success.

67. The conclusions and lessons learned from the seven country case studies have been synthesized in a report. A set of recommendations from the study have been presented to senior management for its consideration. The outcome of this and the lessons learned will be disseminated widely in both print and electronic media.

Implementing the reproductive health vision

68. UNFPA conducted a review in 1998 to assess progress to date in implementing the reproductive health approach of the 1994 International Conference on Population and Development (ICPD) Programme of Action and to propose modalities for improving the effectiveness, efficiency and the strategic direction of UNFPA's support of reproductive health programmes. The review is based on a sample of six countries: Burkina Faso, Mexico, Morocco, Nepal, Philippines and Uganda, which represent a range of levels of development and experiences. Six principal areas were studied: the policy and legal environment; the organization and management of reproductive health activities; access to and quality of reproductive health services; information, education, and communication (IEC) activities; the integration of sociocultural and gender perspectives in all elements of reproductive health; and UNFPA's contribution to implementing the reproductive health approach. Data was collected in-country by teams composed of three international and one national consultant on the basis of a conceptual framework developed by UNFPA's Office of Oversight and Evaluation.

69. Many of the issues identified in the project evaluation and country programme evaluations as detailed above were also highlighted by this thematic review. In addition, the review emphasized a number of strategic opportunities for improving UNFPA support to reproductive health activities. In general, it recommended that the organization support more focused interventions, pay more attention to implementation issues and provide more relevant and timely technical assistance. To bring this about, it was recommended that UNFPA:

(a) Help countries develop their own basic reproductive health package of services and the strategies and plans for implementing it. The package should be based on local priorities, cost-effectiveness assessments and a realistic appraisal of financial and managerial

capacity;

(b) Be more pro-active and, where feasible, assume leadership among donors for coordination of reproductive health investments;

(c) Work with Governments to include communities, NGOs and the private and traditional sectors in implementing reproductive health programmes;

(d) Consolidate country programmes since UNFPA's funding is presently spread too thinly, both geographically and thematically. Consolidation options include efforts to develop, identify and promote replicable models; focus on increasing access to reproductive health services for high-risk populations; and concentrate on improving reproductive health management systems;

(e) Include efficiency, replicability and sustainability among the operational criteria for funding reproductive health activities. Appropriate indicators need to be included in programme design to monitor these aspects;

(f) Enhance its technical assistance capability. This need will continue to increase as the broad range of reproductive health services is established and as local authorities try to prepare themselves to provide these services. The findings of this review were circulated widely, including, among others, through summaries of highlights in the publication "Evaluation Findings", which is available on the UNFPA Website.

V. MANAGEMENT OF EVALUATION ACTIVITIES

70. Collaboration with UNDP. In the context of strengthened interagency collaboration on evaluation, UNFPA contributed substantively to the work of the newly established UNDP Evaluation Network. A staff member from UNFPA's Office of Oversight and Evaluation joined the network in early 1999 and led a mission to Guyana to evaluate a UNDP-funded project. The report was well received by the local UNDP office and will be useful for programming UNDP's future support to the United Nations Volunteers Programme (UNV) in Guyana. The UNFPA staff member also produced a summary of lessons learned about organizing evaluation missions, which was shared with UNDP. These lessons will also be disseminated within UNFPA to help guide future evaluation activities. Overall, this collaborative experience has been of benefit to both organizations.

71. UNFPA Evaluation Network. In 1999 UNFPA established an "Evaluation Network" consisting of headquarters evaluation officers and one evaluation focal point from each of the eight CSTs. The overall goal of this network is to contribute to the strengthening of the quality and impact of UNFPA's work through an improved "monitoring and evaluation" culture.

Specifically, the role of the evaluation focal points is to: (a) serve as resource persons in promoting better use of monitoring and evaluation instruments; (b) help identify needs and propose means to strengthen the quality of programme and project evaluations; and (c) promote the exchange of information and experiences on evaluation methodologies and lessons learned among countries and regions.

72. To initiate its work, the network met for a one-day workshop at UNFPA headquarters in November 1999. The workshop reviewed the findings of several recent studies and exercises (including a desk review of the application of the logframe approach, the multi-year funding framework feasibility studies, thematic evaluations, policy application reviews and audits), all of which point to the need to strengthen certain aspects of UNFPA's current monitoring and evaluation practices. Based on this review, ways of improving these practices were discussed, and agreement was reached on a workplan for the Evaluation Network for the period 2000-2001. The first task of the network workplan will be to strengthen the capacity of its members to serve as technical resources in promoting better use of the logframe approach and in facilitating its use as a monitoring and evaluation tool in the field. The network will hold an internal workshop in April 2000. The roles, functions and effectiveness of the Evaluation Network will be examined in two years.

73. Review of guidelines. The Fund has initiated a review of the current programme guidelines to identify areas where monitoring and evaluation issues need to be highlighted, particularly with a results-based focus, and where supplementary materials and tools could facilitate programme monitoring and evaluation. Based on the outcome of this review, the evaluation network would then collaborate in preparing practical aids and guides to be included in a "tool kit" to strengthen monitoring and evaluation practices. These would in due course be tested by intended users. Possible topics include: stakeholder participation, identification and selection of appropriate output indicators, development of monitoring checklists in different thematic areas, and examples of good practices.

74. Future plans. During 1999, access was provided to the findings of thematic evaluations on the UNFPA web site on the Internet. The format was made more attractive, and it is now possible to access not only the full reports but also abstracts by topic. It is also intended to exploit more fully the use of the UNFPA intranet to disseminate the findings of evaluations as well as syntheses of such findings and the analysis of mid-term reviews and other programme reviews. Particular attention will be paid to optimize the use of electronic media as a tool for knowledge management and learning from evaluation exercises.

75. Apart from the development of a tool kit that entails the continuous identification, preparation and dissemination of aids and guides to strengthen monitoring and evaluation practices, UNFPA will also implement a number of training activities focused on monitoring and

evaluation. The staff of the Office of Oversight and Evaluation, in collaboration with the CST evaluation network members and the Training Branch will conduct training workshops with a specific focus on results-based management, monitoring and evaluation, and management skills. It is planned to hold two such workshops in 2000 for UNFPA country office programme staff in Africa and Asia and the Pacific. More such workshops will be held in 2001

VI. RECOMMENDATION

76. The Executive Board may wish to take note of the periodic report on UNFPA's evaluation as contained in document DP/FPA/2000/10.